

Appointment of Political Treasurer

For State and Local Candidates and Single-Candidate Committees

INSTRUCTIONS

The Appointment of Political Treasurer statement must be used to appoint a political treasurer as required by the Campaign Financial Disclosure Act (T.C.A. § 2-10-105) for state and local candidates and single-candidate political campaign committees. A state candidate may not receive or expend funds for an election until a political treasurer has been appointed for that election. A local candidate pursuant to T.C.A 2-10-101, may be exempt from completing this form, please check with county election commission for more information. A candidate may appoint himself or herself as political treasurer. A new form must be filed if the treasurer is changed.

Candidates for state public office must file their original Appointment of Political Treasurer statement ONLY with the Registry of Election Finance, 404 James Robertson Parkway, Suite 104, Nashville, TN 37243-1360.

Candidates for local public office must file their original Appointment of Political Treasurer statement ONLY with their county election commission.

1. Date: 2. Candidate First and Last Name: 3. Candidate e-mail address:

11/21/25 Micah Chapman electmicahchapman@gmail.com

4. Campaign Address and Phone: City State Zip Code Phone

4209 Wilkesview Dr Apt B Chattanooga TN 37416 423-269-3156

5. Home Address and Phone (if different than item 4 above): City State Zip Code Phone

6. Office Sought (include district number, if applicable) 7. Party Affiliation 8. Election Year

Hamilton County School Board District 5 Democrat 2026

9. Treasurer Name: 10. Treasurer e-mail address:

Christie Morris christiemorris83@gmail.com

11. Treasurer Address and Phone: City State Zip Code Phone

4029 Heiskell Drive, Chattanooga, TN 37416

12. Candidate and Treasurer Signature (both signatures must be witnessed. Treasurer can not witness candidate's signature):

[Signature]
Signature of Candidate

[Signature]
Signature of Treasurer

[Signature]
Signature of Witness

[Signature]
Signature of Witness

LAST 4 DIGITS OF THE BANK ACCT. NUMBER: REGIONS - 3412



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